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CREDIT RELEASE AUTHORIZATION FORM

By signing below, the undersigned individual, recognizing that his or her individual credit history may be a determining factor in the execution of a credit decision and who is a recognized registered owner, principal, and/or guarantor of the subject business, hereby consents to and source contracted and/or associated with Liberty Capital Group, Inc. to obtain, review and investigate personal and business credit bureau reports, bank accounts, trade accounts, tax and financial statements and any other pertinent financial data that may assist in the credit evaluation of the applicant.

By signing below, the undersigned individual(s) agree(s) to hold harmless Liberty Capital Group, Inc. and its registered agents, representatives, associated lenders and funding sources and its assigns, as well as any referencing parties from banks, credit bureaus, and financial consultants, from any liability associated with the possession and /or representation of requested credit information. A photocopy or facsimile copy of this authorization shall be as valid as the original.

Legal Company Name: _____

Principal Name #1: (Printed) _____

Social Security: _____ Date of Birth: _____

Title: _____ Date: _____

Signature: _____

Principal Name #2: (Printed) _____

Social Security: _____ Date of Birth: _____

Title: _____ Date: _____

Signature: _____



Fax back to 619-819-9974